

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) People's Action Power		FEC IDENTIFICATION NUMBER ▼ C C00738237	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee People's Action		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 09 / 2022	
Mailing Address 1130 N Milwaukee Ave		Amount 1740.69	
City Chicago	State IL	Zip Code 60642-4017	Transaction ID : 500126080
Purpose of Expenditure Estimated Cost for Staff Time		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Ramirez, Delia, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		2540.69	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Movement Cooperative		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 09 / 2022	
Mailing Address 4 E 27Th Street Greeley Square Sta		Amount 800.00	
City Chicago	State IL	Zip Code 60642	Transaction ID : 500126081
Purpose of Expenditure Auto-Dialer		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Ramirez, Delia, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		2540.69	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2540.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2540.69

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Adams, Brooke, , ,***[Electronically Filed]**

Date

MM / DD / YYYY
06 / 10 / 2022

Signature